

Request for Input from the Public Health Improvement Services Council To Prioritize Regionalization Recommendations

We have divided the recommendations into 3 suggested categories – Tier 1 (top priorities), Tier 2 (lower priorities) and recommendations to omit.

We suggest using the criteria below for discussion purposes and a consensus approach to setting priorities (versus a complicated weighting process.)

Review criteria below and apply to the recommendations:

- 1) Start with the priorities to omit – determine if consensus**
- 2) Review Tier 1 – determine if there is agreement with these at Tier 1, priority order, wording, rationale**
- 3) Review Tier 2 – determine if there is agreement with these at Tier 2 – should there be priority order, agreement on wording, rationale etc**

Criteria for priority setting

Give priority to those recommendations that:

- 1) Were prioritized by stakeholders at the September 1st meeting**
- 2) Are likely to result in improved infrastructure and capacity to address priority health issues**
- 3) Are achievable given reasonable resources (\$, people, time)**
- 4) Are measurable and supported by national public health standards**
- 5) Will be undertaken by one or more systems partners**
- 6) Will result in short-term, high-impact interventions**

DPHS Recommended 1 st Tier Priorities (A-D) = 4	
A	<p>Recommendation #1 (Ranked #1 by Group)</p> <p><i>DPHS and public health partners across the state should continue to seek and direct funding towards the public health regions to build local public health infrastructure to meet the identified health priorities in the state and the capacity needs identified through these assessments. DPHS should also advocate that other public and private funders utilize this regional alignment when funding public health services.</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Directing funds in this way continues to build on existing infrastructure, enabling regions to address additional public health essential services and priority health issues.
B	<p>Recommendation #5 (Ranked #2 by Group)</p> <p><i>A regional public health system in New Hampshire should be built upon existing public health networks and the infrastructure that has been established, recognizing the unique characteristics and structures existing in various regions.</i></p> <ul style="list-style-type: none"> ○ <i>DPHS and BDAS should continue to work to align their respective regional initiatives to create efficiencies, eliminate duplication, and build upon the strengths of the two systems. (Note workgroup wanted this to lead off the recommendation – DPHS has put it as an activity under this larger recommendation)</i> ○ <i>There should be clear delineations of roles and responsibilities of the DPHS, PHNs, and health officers for clarity.</i>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Many services are not provided to all communities in a public health region. There is no consistent geographic area (i.e. the public health region) used by the DPHS and other funders across various funding streams. This leads to confusion and fragmentation of service delivery; reduces access to public health services; and creates logistical and administrative burdens for local agencies.
C	<p>Recommendation #9 (Ranked # 3 by Group)</p> <p><i>DPHS should reconsider the concept of regional public health councils as a link to government for regional public health networks and more fully explore the structure and attributes of existing, successful regional oversight collaboratives that mimic the public health council model. Separated out recommendation to continue the Public Health Improvement Services Council)</i></p> <ul style="list-style-type: none"> ○ <i>Consider pursuing enabling legislation for governmental link/public health authority (This was previously recommendation #14 added on September 1st)</i>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Many questions were raised in response to the proposed regional public health

	<p>council. For example, “What is the relationship between a public health council and existing board of directors of a non-profit public health network?” It may be that until and unless there is financial support at the state and local level to create government-based health departments that the link between private, not-for-profits and a governmentally linked public health council is not a sound fit.</p> <ul style="list-style-type: none"> ▪ Partners in several regions have developed high-level leadership councils that provide oversight and coordination of public health efforts. While these are not formally linked to government, they do carry out some of the same functions through a voluntary, grassroots, collaborative system. <i>DPHS should develop processes to share successful oversight models. (new)</i> ▪ There is strong support for statutory recognition and authority for emergency preparedness and response. (new)
<p>D</p>	<p>Recommendation #3 (10 votes by the groups, 16 by individuals)</p> <p><i>DPHS and public health partners across the state should assure the coordination of community health assessments among public health partners with the public health regions in accordance with state and federal laws. (reworded)</i></p> <ul style="list-style-type: none"> ○ <i>DPHS and/or public health network partners should broker/engage in conversations with hospitals regarding the use of community education funds to target high priority community health needs. (was Recommendation # 12)</i>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Community health assessments and community health improvement plans should be priorities to assure key community health issues are addressed. These are considered foundations of public health practice.(reworded) ▪ Charitable Trusts in New Hampshire are required by law to develop community health needs assessments and plans. Federal laws also require non-profit hospitals to do the same and work together with community partners including public health. There are efficiencies and benefits for community partners to conduct these assessments in partnership. (new rationale) ▪ These funds contribute substantially to health promotion activities in communities and should be based on needs identified through community assessments. This is an area with tremendous potential for community collaboration. ▪ DPHS and other partners should provide opportunities for successful community health assessment and planning success stories to be shared. (new)

DPHS Recommended 2nd Tier Priorities (E- J) = 6	
E	<p><i>Recommendation # 4 (2 votes by group, 15 by individuals)</i></p> <p><i>The Division of Public Health Services should work with other state level entities to assist regions to strengthen and diversify regional partnerships.</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ While all public health networks have experience and have built extensive collaborations with emergency preparedness partners, fewer have established such relationships with partners to address broader public health issues. Existing efforts are also not well coordinated across various health issues or populations. The Center for Excellence provides technical assistance in building collaboratives with the Regional Networks established through the Bureau of Drug and Alcohol Services. DPHS should explore how these resources can be expanded to public health networks. ▪ PHIAP called for assistance in evaluating broad based community partnerships which should be further explored.(new) ▪ As public health partners work towards the prevention of chronic disease, they need to think about new partnerships and strategies to address policy, system, and environmental change (new)
F	<p><i>Recommendation #7 (group vote 4 individual vote 3)</i></p> <p><i>The Public Health Improvement Services Council should explore how to maximize existing training resources available in the state to assure a competent public health workforce including but not limited to the Masters in Public Health Programs at the University of New Hampshire and Dartmouth, the Institute for Local Public Health Practice, the two New Hampshire Area Health Education Centers, the Community Health Institute, and the Public Health Training Centers at Dartmouth and Boston University.</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Most public health regional partners lack the capacity to provide development opportunities to assure a competent workforce and to engage with academic institutions to benefit from and contribute to evidenced based practice.
G	<p><i>Recommendation # 10 (group ranking 0, individual ranking 4)</i></p> <p><i>DPHS should continue to work with municipal health departments to expand their reach into their respective regions, especially in the areas of health assessment and planning, mobilizing partnerships, and educating the public.</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Established municipal health departments have tremendous expertise that could be shared beyond municipal boundaries for a number of essential services with resources. The expansion of services related to inspection and enforcement raises legal issues that require additional exploration.

H	<p>Recommendation #11</p> <p><i>DPHS should continue to explore mechanisms to create (regional) professional and credentialed health officers who can carry out inspection and enforcement activities at the regional and local level</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Local health officers frequently expressed the need for a more formalized system to assure a higher level of professionalism and support.
I	<p>Recommendation # 2</p> <p><i>The Division of Public Health Services should build epidemiological capacity to provide support and technical assistance to regions. (Changed based on feedback at meeting Sept 1.)</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Public health regional partners would benefit from additional DPHS resources and technical assistance to collect and analyze data to develop comprehensive and coordinated community health assessments in collaboration with other partners. ▪ Public health regional partners would benefit from DPHS resources and technical assistance to develop and monitor community health improvement plans in partnerships with other community stakeholders.
J	<p><i>Recommendation (previously part of 9) The Public Health Improvement Services Council should continue to serve in an advisory capacity to public health regionalization efforts.</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ When the concept of regional public health councils were discussed, partners asked if there would be a state level council overseeing regional councils and public health matters. The Public Health Improvement Services Council was created for the purpose of developing and monitoring public health improvement plans and has been advising DPHS relative to public health infrastructure development. This council is comprised of a broad group of public health stakeholders representing key facets of the public health system. It is prudent to continue to look to them for expertise, with or without regional public health councils.

DPHS Recommended Omitted Priorities	
K	<p>Recommendation #8 (group votes 0, individual votes 4)</p> <p><i>The DPHS should utilize resources available through the National Public Health Improvement Initiative to provide training regional public health staff in quality improvement methods.</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Limited resources call for assuring that all public health services provided are quality services. Training regional public health staff in quality improvement methods and providing support to carry out quality improvement methods can assist to improve services. <p>This will happen regardless of regionalization recommendations.</p>
L	<p>Recommendation #10</p> <p><i>DPHS should fully investigate other models for regional structure and framework including: Fish and Game; Regional Planning Councils; HAZMAT; and the NH Solid Waste Districts.</i></p>
	<p>Rationale</p> <ul style="list-style-type: none"> ▪ Lessons could be learned from these groups particularly around crossing jurisdictions.